

550

ECFHELPDESK/CAND/09/US  
COURTS

08/04/2008 02:33 PM

To CAND IntakeSF/CAND/09/USCOURTS@USCOURTS,  
Rufino Santos/CAND/09/USCOURTS@USCOURTS, Cheri  
Borromeo/CAND/09/USCOURTS@USCOURTS

cc

bcc

Subject Fw: Case ready for transfer

Begin File Transmission (Court: California Central; Case: 2:08-cv-04618)  
Data transfer status message is: OK.

**FILED**  
AUG 5 2008  
RICHARD W. WIEKING  
CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

File Transmission Complete ...

Begin File Preparation ...

File Preparation Complete ...

**Transferred data ready for case opening.**

**CV 08**

**3744**

**E-filing**

**PJH**

**(PR)**

Thank you,

~The ECF Help Desk for the Northern District of California  
<http://ecf.cand.uscourts.gov>

ECF TIP:

You should only scan documents which exist only in paper. All others should be converted to PDF directly from your computer.

For more info, please see our FAQ sections.

----- Forwarded by ECFHELPDESK/CAND/09/USCOURTS on 08/04/2008 02:29 PM -----



cacd\_ecfmail@cacd.uscourts.gov  
s.gov

08/04/2008 12:36 PM

To ecfhelpdesk@cand.uscourts.gov

cc

Subject Case ready for transfer

CASE: 2:08-cv-04618

Title : John Good v. Borroso et al

NOS : 550 (Prisoner: Civil Rights)

Cause : 28:1331fp (28:1331 Forma Pauperis Denial)

Remarks: Transferred case to the Northern District of California

REASON: Case is ready for transfer from UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA.

DETAILS: Copy and paste this URL into the Prepare Transferred Case program.

//ecf.cacd.circ9.dcn/cgi-bin/TransferDataFile.pl?file=./cand/cacd\_208cv04618\_tar.gz&checksum=44726&fileSize=1436505

FD 3744-800

194, CLOSED, TRANSFERRED

**UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA  
(Western Division - Los Angeles)  
CIVIL DOCKET FOR CASE #: 2:08-cv-04618-UA-MLG**

John Good v. Borroso et al  
Assigned to: Judge Unassigned  
Referred to: Magistrate Judge Marc L. Goldman  
Cause: 28:1331 Forma Pauperis Denial

Date Filed: 07/15/2008  
Date Terminated: 07/16/2008  
Jury Demand: None  
Nature of Suit: 550 Prisoner: Civil  
Rights  
Jurisdiction: Federal Question

**Plaintiff**

**John Good**

represented by **John Good**  
CDC T-82633  
P O Box 1050  
Soledad, CA 93960  
PRO SE

V.

**Defendant**

**Borroso**

**Defendant**

**RN Mike Barker**

**Defendant**

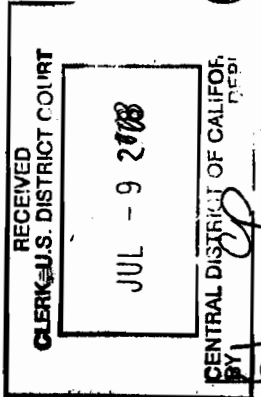
**Dr. Robert Bowman**

Date Filed	#	Docket Text
07/15/2008	<u>2</u>	LODGED COMPLAINT forwarded to Magistrate Judge Marc L. Goldman. Complaint sought to be filed by Plaintiff John Good. (ghap) (rla). (Entered: 07/17/2008)
07/15/2008	<u>1</u>	APPLICATION TO PROCEED IN FORMA PAUPERIS BY A PRISONER, filed by Plaintiff John Good. (Attachments: # <u>1</u> Lodged face page of Complaint and Civil Cover Sheet)(ghap) (Additional attachment(s) added on 7/29/2008: # <u>2</u> LODGED COMPLAINT) (rla). (Additional attachment(s) added on 7/29/2008: # <u>3</u> envelope) (rla). (Entered: 07/17/2008)
07/16/2008	<u>4</u>	MEMORANDUM AND ORDER by Magistrate Judge Marc L. Goldman

		transferring CIVIL RIGHTS ACTION to the NORTHERN DISTRICT OF CALIFORNIA. (MD JS-6. Case Terminated.) (rla) (Entered: 08/04/2008)
08/01/2008		DOCUMENT Numbers 3 and 4, Application to Proceed Informa Pauperis deleted for the following reason: Duplicate docket entries of document Number 1.(nhac) (Entered: 08/01/2008)
08/04/2008	<u>3</u>	NOTICE OF CLERICAL ERROR: 1.) During the intial docketing of Lodged Complaint 2 the docket entry received a document # in error. The document image has been deleted and the document number 2 remains. A copy of the Lodged Complaint is an attachment to the Application to Proceed in Forma Pauperis <u>1</u> ; 2.) Two Applications to Proceed in Forma Pauperis [3 & 4] were duplicate entries of Application to Proceed In Forma Pauperis <u>1</u> and have been deleted. (rla) Modified on 8/4/2008 (rla). (Entered: 08/04/2008)
08/04/2008	<u>5</u>	ELECTRONIC TRANSMITTAL of documents to the Northern District of California (rla) (Entered: 08/04/2008)

PACER Service Center			
Transaction Receipt			
08/05/2008 08:23:20			
PACER Login:	us4077	Client Code:	
Description:	Docket Report	Search Criteria:	2:08-cv-04618-UA-MLG End date: 8/5/2008
Billable Pages:	2	Cost:	0.16

Salinas Valley  
State Prison



IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

John Good T82633

CV08-4618 (MLG)

(Case Number)

(Name of Plaintiff)  
E.I. 88 PO Box 1050

(Address of Plaintiff)  
SOLEDAD CA 93960

vs.

COMPLAINT

% BORROSO

RN MIKE BARKER

DR ROBERT BOWMAN

(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner:

☒ Yes

☐ No

B. If your answer to A is yes, how many?: 2 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff John Good

Defendants CALIF DEPT OF CORRECTIONS % BORROSO  
RN MIKE BARKER DR ROBERT BOWMAN

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Rev'd 5/96

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2008 JUL 15 PM 1:02

CLERK U.S. DISTRICT COURT  
CENTRAL DIST. OF CALIF.  
LOS ANGELES

COPIED AT STATE EXPENSE  
COPIER #00426



S 44  
Rev. 07/89)

## CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

## (a) PLAINTIFFS

John Good T82633  
PO Box 1050 Soledad CA 93960  
SILINAS VALLEY STATE PRISON

DEFENDANTS Calif Dept of Corrections  
C/O BORROSO, RN MIKE BARKER  
MD ROBERT BOWMAN PO Box 1050  
Soledad CA 93960

b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF  
(EXCEPT IN U.S. PLAINTIFF CASES)

SAN BERNARDINO CALIF

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

## c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

IN PRO PER

## ATTORNEYS (IF KNOWN)

## I. BASIS OF JURISDICTION

(PLACE AN X IN ONE BOX ONLY)

☐ 1 U.S. Government Plaintiff☐ 3 Federal Question  
(U.S. Government Not a Party)☒ 2 U.S. Government Defendant☐ 4 Diversity  
(Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES

(For Diversity Cases Only)

(PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

Citizen of This State ☐ 1 ☒ 1Incorporated or Principal Place of Business in This State ☐ 4 ☒ 4Citizen of Another State ☐ 2 ☐ 2Incorporated and Principal Place of Business in Another State ☐ 5 ☐ 5Citizen or Subject of a Foreign Country ☐ 3 ☐ 3Foreign Nation ☐ 6 ☐ 6

## IV. CAUSE OF ACTION

(CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE)

DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY

USING 42 U.S.C. § 1983  
VIOLATION OF FEDERAL LAW UNITED STATES CONSTITUTION  
"EIGHTH AMENDMENT" PROTECTION AGAINST CRUEL AND UNUSUAL PUNISHMENT AND  
LACK OF ADEQUATE MEDICAL CARE

## V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 610 Agriculture	<input type="checkbox"/> 422 Appeal	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 620 Other Food & Drug	<input type="checkbox"/> 423 Withdrawal	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 130 Motor Vehicle	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 424 Withdrawal	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 630 Liquor Laws	<input type="checkbox"/> 425 Withdrawal	<input type="checkbox"/> 450 Commerce/ICC Rates/etc
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 640 R.R. & Truck	<input type="checkbox"/> 426 Withdrawal	<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 650 Airline Regs	<input type="checkbox"/> 427 Withdrawal	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 660 Occupational Safety/Health	<input type="checkbox"/> 428 Withdrawal	<input type="checkbox"/> 480 Selective Service
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 429 Withdrawal	<input type="checkbox"/> 490 Securities/Commodities Exchange
<input type="checkbox"/> 160 Stockholders Suits	<input type="checkbox"/> 360 Other Personal Injury Product Liability	<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 430 Withdrawal	<input type="checkbox"/> 495 Customer Challenge 12 USC 3410
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 720 Labor/Mgmt. Relations	<input type="checkbox"/> 431 Withdrawal	<input type="checkbox"/> 499 Agricultural Acts
<input type="checkbox"/> 195 Contract Product Liability	<input type="checkbox"/> 375 Truth in Lending	<input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act	<input type="checkbox"/> 432 Withdrawal	<input type="checkbox"/> 500 Economic Stabilization Act
	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 433 Withdrawal	<input type="checkbox"/> 505 Environmental Matters
	<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 790 Other Labor Litigation	<input type="checkbox"/> 434 Withdrawal	<input type="checkbox"/> 509 Energy Allocation Act
		<input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 435 Withdrawal	<input type="checkbox"/> 515 Freedom of Information Act
			<input type="checkbox"/> 436 Withdrawal	<input type="checkbox"/> 520 Appeal of Fee Determination Under Equal Access to Justice
			<input type="checkbox"/> 437 Withdrawal	<input type="checkbox"/> 525 Constitutionality of State Statutes
			<input type="checkbox"/> 438 Withdrawal	<input checked="" type="checkbox"/> 550 Other Statutory Actions
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## VI. ORIGIN

(PLACE AN X IN ONE BOX ONLY)

☒ 1 Original Proceeding☐ 2 Removed from State Court☐ 3 Remanded from Appellate Court☐ 4 Reinstated or Reopened

Transferred from another district (specify)

☐ 6 Multidistrict Litigation

Appeal to District Judge from Magistrate Judgment

## VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION  
☐ UNDER F.R.C.P. 23

DEMAND \$800,000.00

Check YES only if demanded in complaint:

JURY DEMAND:

☐ YES ☐ NOVIII. RELATED CASE(S) (See instructions):  
IF ANY

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

6-29-08

IN PRO PER

08-4618

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

Salinas Valley  
State Prison

John Good

Plaintiff

vs. GO BORROSO  
RN MIKE BARKER  
DR ROBERT BOWMAN  
Defendant

APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER

CV08-4618

(MLG)

CASE NUMBER:

2008 JUL 15 PM 1:02  
CLERK OF COURT  
CENTRAL DISTRICT OF CALIF.  
SACRAMENTO, CALIF.

FILED

I, John Good, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated: ☒ Yes ☐ No (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration. SILINAS VALLEY STATE PRISON

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your pay.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

6-23-08 PO BOX 1050 Soledad CA 93960 SILINAS VALLEY STATE PRISON  
MR MENDEZ LANDSCAPEING EDUCATION CLASS

3. In the past twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

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COPIER #00426

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COPIER #00426

4. Do you have cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount: \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value. \_\_\_\_\_

6. Do you have any other assets? ☐ Yes ☒ No

If "Yes" list the asset(s) and state the value of each asset listed.

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I hereby authorize the agency having custody of me to collect from my trust account and forward to Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

I declare under penalty of perjury that the above information is true and correct.

6-29-08

DATE

*John Good*

SIGNATURE OF APPLICANT

### CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at

SILINAS VALLEY STATE PRISON (name of institution). I further certify that during the past six months

the applicant's average monthly balance was \$ 0. I further certify that during the past six months the

average of monthly deposits to the applicant's account was \$ 0.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

DATE

SIGNATURE OF AUTHORIZED OFFICER

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COPIER #00426

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COPIER #00426

Case Number: \_\_\_\_\_

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Good, John for the last six months

at

SALINAS VALLEY STATE PRISON  
ACCOUNTING DEPARTMENT  
P.O. BOX 1020  
SOLEDAD, CA 93960-1020

[prisoner name]

\_\_\_\_\_ where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 7/3/08

R. Macias  
[Authorized officer of the institution]



IRT ID: TS3030 .701

REPORT DATE: 06/17/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 SALINAS VALLEY STATE PRISON  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

**Salinas Valley**  
 State Prison

FOR THE PERIOD: JAN. 01, 2008 THRU JUN. 17, 2008

ACCOUNT NUMBER : T82633

BED/CELL NUMBER: FEB1000000000885

ACCOUNT NAME : GOOD, JOHN CLARK

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

## TRUST ACCOUNT ACTIVITY

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
5/21/2008	H114	COPAY FEE, MED.	2962DCOPAY	5.00
6/13/2008	H110	COPIES HOLD	3170 COPY	1.60

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	6.60	0.00

CURRENT  
 AVAILABLE  
 BALANCE

6.60-

*Original*

CALIFORNIA DEPARTMENT OF CORRECTIONS  
SALINAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 03, 2008

ACCOUNT NUMBER : TB2633 BED/CELL NUMBER: FEB1000000000885  
ACCOUNT NAME : GOOD, JOHN CLARK ACCOUNT TYPE: I  
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE  
ATTEST: 7/3/08

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY K. Macias S/SP  
TRUST OFFICER

CURRENT  
AVAILABLE  
BALANCE

0.00

Salinas Valley  
State Prison

RECEIVED  
CLERK U.S. DISTRICT COURT  
JUL - 9 2008  
CENTRAL DISTRICT OF CALIFORNIA  
BY *JP*

IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

John Good T82633

(Name of Plaintiff)

E-1-88 PO Box 1050

(Address of Plaintiff)

SOLEDAD CA 93960

CV08-4618

(MLG)

(Case Number)

vs.

COMPLAINT

% BORROSO

RN MIKE BARKER

DR ROBERT BOWMAN

(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner:

☒ Yes

☐ No

B. If your answer to A is yes, how many?: 2 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff John Good

Defendants CALIF DEPT OF CORRECTIONS % BORROSO  
RN MIKE BARKER DR ROBERT BOWMAN

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Rev'd 5/96

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COPIER #00426

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2008 JUL 15 PM 1:02

CLERK U.S. DISTRICT COURT  
CENTRAL DISTRICT OF CALIF.  
LOS ANGELES

BY *JP*

## CIVIL COVER SHEET

S 44  
Rev. 07/89)

he JS-44 Civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

## (a) PLAINTIFFS

John Good T82633  
PO Box 1050 Soledad CA 93960  
SILINAS VALLEY STATE PRISON

DEFENDANTS Calif Dept of Corrections  
C/O BORROSO, RN MIKE BARKER  
MD ROBERT BOWMAN PO Box 1050  
Soledad CA 93960

b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF  
(EXCEPT IN U.S. PLAINTIFF CASES)

SAN BERNARDINO CALIF

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

## c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

IN PRO PER

## ATTORNEYS (IF KNOWN)

## I. BASIS OF JURISDICTION

(PLACE AN X IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff  
☒ 2 U.S. Government Defendant  
☐ 3 Federal Question (U.S. Government Not a Party)  
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES

(For Diversity Cases Only)

(PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- |   | PTF                        | DEF                                   |   | PTF                        | DEF                                   |
|---|----------------------------|---------------------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State     | <input type="checkbox"/> 4 | <input checked="" type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2            | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5            |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3            | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6            |

## IV. CAUSE OF ACTION

(CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE)

DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY

Using 42 U.S.C. § 1983  
VIOLATION OF FEDERAL LAW UNITED STATES CONSTITUTION  
"EIGHTH AMENDMENT" PROTECTION AGAINST CRUEL AND UNUSUAL PUNISHMENT AND  
LACK OF ADEQUATE MEDICAL CARE

## V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <b>PERSONAL INJURY</b> <input checked="" type="checkbox"/> 362 Personal Injury - Med Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal <input type="checkbox"/> 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395a) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities, Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes <input checked="" type="checkbox"/> 850 Other Statutory Actions
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights		

## VI. ORIGIN

(PLACE AN X IN ONE BOX ONLY)

- ☒ 1 Original Proceeding  
☐ 2 Removed from State Court  
☐ 3 Remanded from Appellate Court  
☐ 4 Reinstated or Reopened  
☐ 5 Transferred from another district (specify)  
☐ 6 Multidistrict Litigation  
☐ 7 Appeal to District Judge from Magistrate Judgment

## VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION  
☐ UNDER F.R.C.P. 23

DEMAND \$800,000.00 Check YES only if demanded in complaint:  
 JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) (See instructions):  
IF ANY

JUDGE \_\_\_\_\_ DOCKET NUMBER \_\_\_\_\_

DATE

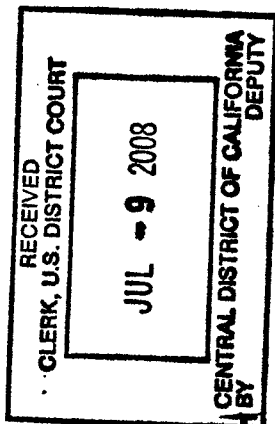
6-29-08

SIGNATURE OF ATTORNEY OF RECORD

IN PRO PER

08-4618

Copy 5



IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

John Good T82633

CV 08-4618 (MLG)

(Name of Plaintiff)

(Case Number)

E.I. 88 PO Box 1050

(Address of Plaintiff)

SOLEDAD CA 93960

VS.

COMPLAINT

% BORROSO

RN MIKE BARKER

DR. ROBERT BOWMAN

(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner: ☒ Yes ☐ No

B. If your answer to A is yes, how many?: 2 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff John Good

Defendants CALIF DEPT OF CORRECTIONS

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

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COPIER #00426

LOGGED

Salinas Valley State Prison  
2008 JUL 15 PM 1:02

CENTRAL DISTRICT OF CALIF.  
LOS ANGELES

Salinas Valley State Prison

Rev'd 5/96

CC: JED:AT:SS:TM:THE:EXP:IN:SE  
CC: JED:AT:SS:TM:THE:EXP:IN:SE  
CC: JED:AT:SS:TM:THE:EXP:IN:SE



2. Court (if Federal Court, give name of District; if State Court, give name of County)

LOS Angeles Calif. Civil suit

3. Docket Number ?

4. Name of judge to whom case was assigned ?

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)

PENDING

6. Approximate date of filing lawsuit 6-11-08

7. Approximate date of disposition ?

## II. Exhaustion of Administrative Remedies

A. Is there a grievance procedure available at your institution?

☒ Yes

☐ No

B. Have you filed a grievance concerning the facts relating to this complaint?

☒ Yes

☐ No

If your answer is no, explain why not \_\_\_\_\_

C. Is the grievance process completed?

☐ Yes

☒ No

## III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant % BORRISO is employed as CORRECTIONAL  
OFFICER at SILINAS VALLEY STATE PRISON

B. Additional defendants RN MIKE BARKER Registered NURSE  
SILINAS VALLEY STATE PRISON PO Box 1050 Soledad CA 93960

MD Robert Bowman Doctor SILINAS VALLEY STATE PRISON  
PO Box 1050 Soledad CA 93960

## IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

① ON 3-4-08 I WAS HOUSED IN A UPPER BUNK ② ON 4-7-08 I FELL BACKWARDS AND HIT MY HEAD, NECK, BACK. ③ ON 4-7-08 I WENT INTO MEDICAL WITH SYMPTOMS I TOLD % BORROSO AND RN MIKE BARKER THAT FELT LIKE A STROKE ④ % BORROSO TOLD ME TO FILL OUT A MEDICAL REQUEST AND WAIT MY TURN LIKE EVERYONE ELSE ⑤ RN MIKE BARKER STATED IT WAS PROBLEY A PINCHED NERVE TO HANG UPSIDE DOWN FROM THE PULL UP BARS IT WOULD FIX IT ⑥ I WENT INTO MEDICAL EVERY DAY FOR 10 DAYS BEFORE I SEEN DOCTOR ⑦ ON THE 2ND DAY I WENT INTO MEDICAL TO SEE THE DR. % BORROSO SAID WAIT YOUR TURN AND IF I DIDNT LIKE IT HE % BORROSO SLAMED A GOZ ON HIS % BORROSO DESK AND STATED YOUR THE GOZ KING GOZ IT YOU GOZ EVERYTHING ELSE AND I STILL DID NOT GET TO SEE THE DR V. Relief.

CONTINUE SEE ATTACHMENT 1

(State briefly exactly what you want the court to do for you. Make no legal arguments. no cases or statutes.)

① COMPENSATORY DAMAGES TO PAY FOR ALL SURGERYS AND AFTER CARE BECAUSE CDCR STAFF WAS NEGLIGENT BY PUTTING ME IN AN UPPER BUNK WITCH CAUSED THE ACCIDENT TO MY INJURY AND PAIN AND SUFFERING WITCH IS CRUE AND UNUSEALL BECAUSE THEY REFUSE ME THE SURGERY I NEED TO NOT BE IN PAIN ② PUNITIVE DAMAGES BECAUSE THE DEFENDENTS ACTED WITH EVIL MOTIVES OR INTENT BY NOT LETTING ME SEE THE DOCTOR FOR 10 DAYS AFTER I HAD THE FALL WITCH WAS RECKLESS OR CALLOUS INDIFFERENCE VIOLATEING MY EIGHTH AMENDMENT TO ADEQUATE MEDICAL ATTENTION

Signed this 29 day of JUNE, 2008

John Good  
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

6-29-08

(Date)

John Good  
(Signature of Plaintiff)

Salinas Valley  
State Prison

WV  
COPY

- ⑧ Since CDCR here at Salinas Valley state prison has denighed me the surgery to which damages to my C-spine C-5 through C7 my symptoms have grown worse.
- ⑨ Dr. Sherer at Monterey Community hospital of Monterey said with the surgery it would relive the presure on my C-spine, and it would relive the pain I feel.
- ⑩ My pain level is Beyond A#10 in the pain scale.
- ⑪ I Feel CDCR was responceible for putting me on a top bunk, when in Fact they knew I've had a sizeure Disorder from the 1990's.
- ⑫ CDCR has a deliberate indifference to the Dr. Sherer at the hospital because I was 70 days to parole.
- ⑬ my medical condition is serious cause its left me disabled on my right side, Face, arm, leg, Neck
- ⑭ Im unable to sit upright to long, cause I see spots and black out.
- ⑮ I cant stand because I have no sence of balance
- ⑯ Sence i've been here I havnt been able to get adequate medical care for my medical needs
- ⑰ Even the ADA. Forms they grant. But you never recieve what they grant you.
- ⑱ Inmate greivence forms 602 Dont help with your treatment either.

JUN 29

TO COURT CLERK

PLEASE TAKE NOTICE THAT I JOHN GOOD T82633  
AM INCARCERATED HERE AT SALINAS VALLEY STATE PRISON  
PO BOX 1050 SOLEDAD CALIF 93960 UNTIL  
JULY 8<sup>TH</sup> 2008 AFTER JULY 8<sup>TH</sup> 2008 MY  
MAILING ADDRESS WILL BE AS FOLLOWS.

JOHN GOOD

201<sup>N</sup> YUCCA AVE APT H-101

BARSTOW CALIF 92311 MESS# (760) 252 4194

OR (760) 221-3136

ANY AND ALL MAIL AFTER JULY 8 2008  
PLEASE SEND TO MY BARSTOW CA. ADDRESS

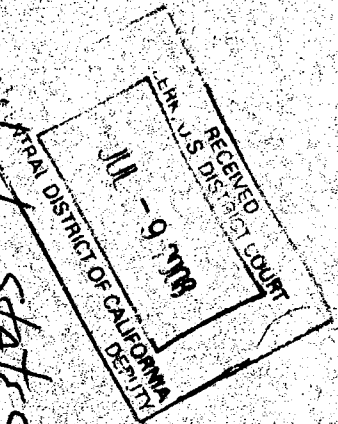
IF I NEED TO SEND ANY OTHER FORMS OR  
INFORMATION PLEASE LET ME KNOW I HAVE ALL  
DOCTORS NOTE, HOSPITAL REPORTS, WHO SAID WHAT  
THE FALL IS DOCUMENTATED THE SPINAL INJURYS ARE  
NOTED ALONG WITH DISABILITIES, THE DENIGHING  
ME SURGERY CAUSE I WAS 70 DAYS TO PAROLE WAS  
DOCUMENTATED BY THE DOCTORS EVEN THE 10 DAYS  
IT TOOK TO GET TO DOCTOR IS ALL IN MY MEDICAL FILE  
TO WITCH I HAVE COPS SO ANY THING YOU  
NEED AS PROFF PLEASE LET ME KNOW

Salinas Valley  
State PrisonCOPY  
COPY

08-cv-4618 (110)

John Good 182655  
E-1-88 PO Box 1050  
Sierra Valley State Prison  
Soleadad CA 93960

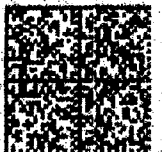
LEGAL  
MAIL



TO UNITED STATES District Court  
ATTENTION: PRO SE CLERK  
CENTRAL District of CALIF  
312 North Spring St. Room G-9  
LOS ANGELES CA

1983

90012



UNITED STATES  
02 1A  
0004391458  
MAILED FROM ZH



UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

CASE NUMBER

PLAINTIFF(S),

v.

DEFENDANT(S),

NOTICE OF CLERICAL ERROR

TO: U. S. District Judge(s)  
U. S. Magistrate Judge(s)  
Counsel of Record

You are hereby notified that due to a clerical error ☐ documents associated with the filing of the new action ☐ the following scanned document ☐ docket entry have/has been corrected as indicated below.

Title of Scanned Document: \_\_\_\_\_

Filed Date: \_\_\_\_\_ Document Number: \_\_\_\_\_

- ☐ Incorrect case number \_\_\_\_\_ was assigned to this ☐ action ☐ document.
- ☐ Case number has been corrected. The correct case number is \_\_\_\_\_
- ☐ Incorrect judge's initials were indicated on this ☐ action ☐ document. The correct judge's initials are \_\_\_\_\_
- ☐ Incorrect magistrate judge's initials were indicated on this ☐ action ☐ document. The correct magistrate judge's initials are \_\_\_\_\_.
- ☐ Case has been reassigned from ☐ Judge ☐ Magistrate Judge \_\_\_\_\_ to ☐ Judge ☐ Magistrate Judge \_\_\_\_\_. The initials of the new judge(s) are \_\_\_\_\_
- ☐ Case was assigned to ☐ Western ☐ Southern ☐ Eastern division. Pursuant to General Order ☐ 349, ☐ 98-3 ☐ 02-06, the case has been reassigned to the ☐ Western ☐ Southern ☐ Eastern division. The former case number \_\_\_\_\_ has been reassigned to new case number \_\_\_\_\_
- ☐ Subsequent documents must be filed at the ☐ Western ☐ Southern ☐ Eastern division. Failure to file at the proper location will result in your documents being returned to you.
- ☐ Case title is corrected from \_\_\_\_\_ to \_\_\_\_\_
- ☐ Document has been re-numbered as document number \_\_\_\_\_
- ☐ Incorrect ☐ Filed Date ☐ Date of Document ☐ ENTERED Date ☐ DATE ENTERED ON CM/ICMS was stamped on document. The correct date is \_\_\_\_\_
- ☐ Document is missing page number(s): \_\_\_\_\_
- ☐ To ensure proper routing of documents, all documents filed with the court must reflect the following case number and judge's initials: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

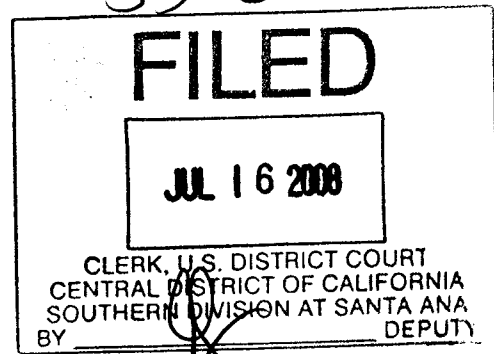
CLERK, U.S. DISTRICT COURT

Date \_\_\_\_\_

By: \_\_\_\_\_

Deputy Clerk

cc: Intake Supervisor / Deputy In Charge



UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

JOHN GOOD,  
Plaintiff,  
v.  
C/O BORROSO, et al.,  
Defendants.

Case No. CV 08-4618 (MLG)  
MEMORANDUM AND ORDER  
TRANSFERRING CIVIL RIGHTS ACTION  
TO THE NORTHERN DISTRICT OF  
CALIFORNIA

On July 15, 2008, Petitioner, a prisoner incarcerated at the Salinas Valley State Prison in Soledad, California, filed a Declaration in Support of Request to Proceed Without Prepayment of Filing Fees and lodged a civil rights complaint in this court. The named defendants are all employed at the Salinas Valley State Prison which is located within the Northern District of California and accordingly, this matter must be transferred to that district court for review of the request to proceed without prepayment of fees and for screening of the complaint.

The federal venue statute requires that a civil action not based on diversity be brought only in "(1) a judicial district where any defendant resides, if all defendants reside in the same state, (2)

1 a judicial district in which a substantial part of the events or  
2 omissions giving rise to the claim occurred, or a substantial part  
3 of the property that is the subject of the action is situated, or (3)  
4 a judicial district in which the defendants are subject to personal  
5 jurisdiction at the time the action is commenced, if there is no  
6 district in which the action may otherwise be brought." 28 U.S.C.  
7 § 1391(a).

8 As far as can be determined from the lodged complaint, the  
9 events giving rise to the cause of action occurred in Soledad,  
10 California and the alleged misconduct was committed by employees of  
11 the Salinas Valley State Prison. Thus, venue in this action lies  
12 solely in the Northern District of California.

13 Under 28 U.S.C. § 1404, a district court may transfer a civil  
14 action to any district where it might have been brought if such a  
15 transfer is for the convenience of the parties and witnesses and in  
16 the interests of justice. It is therefore ORDERED that this action  
17 be transferred to the United States District Court for the Northern  
18 District of California, San Francisco, California, and the Clerk of  
19 this Court shall effect such transfer.

20 IT IS FURTHER ORDERED that the Clerk shall serve a copy of this  
21 Order upon plaintiff.

22 Dated: July 16, 2008

23  
24  
25 

26 Marc L. Goldman  
27 United States Magistrate Judge  
28

Original

RECEIVED  
CLERK U.S. DISTRICT COURT  
JUL - 9 2008  
CENTRAL DISTRICT OF CALIFORNIA  
BY *JP*

IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

John Good T82633

(Name of Plaintiff)

E.I. 88 PO Box 1050

(Address of Plaintiff)

SOLEDAD CA 93960

CV08-4618 (MLG)

(Case Number)

VS.

COMPLAINT

% BORROSO

RN MIKE BARKER

DR ROBERT BOWMAN

(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner:

☒ Yes

☐ No

B. If your answer to A is yes, how many?: 2 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff John Good

Defendants CALIF DEPT OF CORRECTIONS % BORROSO  
RN MIKE BARKER DR ROBERT BOWMAN

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Rev'd 5/96

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COPIER #00426

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COPIER #00426

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2008 JUL 15 PM 1:02

CLERK U.S. DISTRICT COURT  
CENTRAL DIST. OF CALIF.  
LOS ANGELES

*JP*

2. Court (if Federal Court, give name of District; if State Court, give name of County)

Los Angeles Calif Civil

### 3. Docket Number

?

4. Name of judge to whom case was assigned

?

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)

PENDING

6. Approximate date of filing lawsuit

6-11-08

7. Approximate date of disposition

7.

## II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution? ☒ Yes ☐ No

- B. Have you filed a grievance concerning the facts relating to this complaint?

☒ Yes☐ No

If your answer is no, explain why not

- C. Is the grievance process completed?

☐ Yes☐ No

### III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant % BORROSO is employed as CORRECTIONAL  
OFFICER at SILINAS VALLEY STATE PRISON

B. Additional defendants RN MIKE BARKER Registered NURSE  
SILINAS VALLEY STATE PRISON PO BOX 1050 SOLEDAD CA 93960

MD Robert Bowman Doctor Siliwas Valley State  
Prison PO Box 1050 Soledad CA 93960



## IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

① ON 3-4-08 I WAS HOUSED IN A UPPER BUNK ② ON 4-7-08 I FELL AND HIT MY HEAD, NECK, BACK ③ ON 4-7-08 I WENT INTO MEDICAL WITH SYMPTOMS I TOLD % BORRISO AND RN MIKE BARKER THAT FELT LIKE A STROKE ④ % BORRISO TOLD ME TO FILL OUT A MEDICAL REQUEST AND WAIT MY TURN LIKE EVERYONE ELSE ⑤ RN MIKE BARKER STATED IT WAS PROBLEY A PINCHED NERVE TO HANG UPSIDE DOWN FROM THE PULL UP BARS IT WOULD FIX IT ⑥ I WENT INTO MEDICAL EVERY DAY FOR 10 DAYS BEFORE SEEING DOCTOR ⑦ ON THE 2ND DAY I WENT TO MEDICAL TO SEE THE DR. % BORRISO SAID WAIT YOUR TURN LIKE EVERYONE ELSE AND SAID IF I DIDNT LIKE IT HE % BORRISO SLAMED A 602 V. Relief. ON HIS DESK AND STATED YOUR THE 602 KING 602 IT YOU 602 EVERYTHING ELSE CONTINUE ATTACHMENT 1

(State briefly exactly what you want the court to do for you. Make no legal arguments. no cases or statutes.)

COMPENSATORY DAMAGES TO PAY FOR ALL SURGERYS AND AFTER CARE BECAUSE CDCR STAFF WAS NEGLIGENT BY PUTTING ME IN AN UPPER BUNK WITCH CAUSED THE ACCIDENT TO MY INJURY AND PAIN AND SUFFERING WITCH IS CRUE AND UNUSALLE BECAUSE THEY REFUSE ME THE SURGERY I NEED ② PUNITIVE DAMAGES BECAUSE THE DEFENDENTS ACTED WITH EVIL MOTIVE OR INTENT BY NOT LETTING ME SEE THE DOCTOR FOR 10 DAYS AFTER I HAD A FALL WITCH WAS RECKLESS OR CALLOUS INDIFFERENCE VIOLATING MY EIGHTH AMENDMENT TO ADEQUATE MEDICAL ATTENTION

Signed this 29 day of JUNE, 2008

John Good  
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

6-29-08  
(Date)

John Good  
(Signature of Plaintiff)

FACTS  
Sheet

Attachment 1

- ⑧ SENCE KDCR HERE AT SALINAS VALLEY STATE PRISON HAS DENIED ME THE SURGERY TO WITCH DAMAGED MY C-SPINE C-5 THREW C-7 MY SYMPTOMS HAVE GROWN WORSE
- ⑨ DR SHERER AT MONTEREY COMMUNITY HOSPITAL OF MONTEREY SAID WITH THE SURGERY IT WOULD RELIVE THE PRESURE ON MY C-SPINE AND IT WOULD RELIVE THE PAIN I FEEL
- ⑩ MY PAIN LEVEL IS BEYOND A # 10 IN THE PAIN SCALE
- ⑪ I FEEL CDCR WAS RESPONSIBLE FOR PUTTING ME ON A TOP BUNK WHEN IN FACT THEY KNEW IVE HAD A SEIZURE DISORDER FROM THE 1990'S
- ⑫ CDCR HAS A DELIBERATE INDIFFERENCE TO DR SHERER AT THE HOSPITAL BECAUSE I WAS TO PAROLE IN 70 DAYS
- ⑬ MY MEDICAL CONDITION IS SERIOUS CAUSE ITS LEFT ME DISABLED ON MY RIGHT SIDE FACE ARM, LEG, NECK
- ⑭ IM UNABLE TO SIT UP RIGHT TO LONG CAUSE I SEE SPOTS AND BLACK OUT
- ⑮ I CAN NOT STAND BECAUSE I HAVE NO SENCE OF BALLANCE
- ⑯ SENCE IVE BEEN HERE AT SVSP I HAVENT BEEN ABLE TO GET ADEQUATE MEDICAL CARE FOR MY MEDICAL NEEDS
- ⑰ EVE ADA FORMS THEY GRANT BUT YOU NEVER RECIVE WHAT THEY GRANT YOU
- ⑱ INMATE GREIVENCE FORMS 602 DONT HELP WITH THE TREATMENT YOU NEED

To COURT CLERK Salinas Valley  
State Prison

PLEASE TAKE NOTICE THAT I JOHN GOOD T82633  
AM INCARCERATED HERE AT SALINAS VALLEY STATE PRISON  
PO BOX 1050 SOLEDAD CALIF 93960 UNTIL  
JULY 8<sup>TH</sup> 2008 AFTER JULY 8<sup>TH</sup> 2008 MY  
MAILING ADDRESS WILL BE AS FOLLOWS.

JOHN GOOD

201<sup>N</sup> YUCCA AVE APT H-101

BARSTOW CALIF 92311 MESS# (760) 252 4194

OR (760) 221-3136

ANY AND ALL MAIL AFTER JULY 8 2008  
PLEASE SEND TO MY BARSTOW CA. ADDRESS  
IF I NEED TO SEND ANY OTHER FORMS OR  
INFORMATION PLEASE LET ME KNOW I HAVE ALL  
DOCTORS NOTE, HOSPITAL REPORTS, WHO SAID WHAT  
THE FALL IS DOCUMENTATED THE SPINAL INJURYS ARE  
NOTED ALONG WITH DISABILITIES, THE DENYING  
ME SURGERY CAUSE I WAS 70 DAYS TO PAROLE WAS  
DOCUMENTATED BY THE DOCTORS EVEN THE 10 DAYS  
IT TOOK TO GET TO DOCTOR IS ALL IN MY MEDICAL FILE  
TO WHICH I HAVE COPIES SO ANY THING YOU  
NEED AS PROOF PLEASE LET ME KNOW

## CIVIL COVER SHEET

JS 44  
(Rev. 07/89)

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

## I (a) PLAINTIFFS

JOHN GOOD T82633  
PO Box 1050 Soledad CA 93960  
SILINAS VALLEY STATE PRISON

DEFENDANTS Calif Dept of Corrections  
C/O BORROSO, RN MIKE BARKER  
MD ROBERT BOWMAN PO Box 1050  
SOLEDAD CA 93960

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF  
(EXCEPT IN U.S. PLAINTIFF CASES)

SAN BERNARDINO CALIF

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

## (c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

IN PRO PER

ATTORNEYS (IF KNOWN)

## II. BASIS OF JURISDICTION

(PLACE AN X IN ONE BOX ONLY)

☐ 1 U.S. Government Plaintiff

☐ 3 Federal Question  
(U.S. Government Not a Party)

☒ 2 U.S. Government Defendant

☐ 4 Diversity  
(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES  
(For Diversity Cases Only)

(PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

Citizen of This State ☐ 1 ☒ 1

Incorporated or Principal Place of Business in This State ☐ 4 ☒ 4

Citizen of Another State ☐ 2 ☐ 2

Incorporated and Principal Place of Business in Another State ☐ 5 ☐ 5

Citizen or Subject of a Foreign Country ☐ 3 ☐ 3

Foreign Nation ☐ 6 ☐ 6

## IV. CAUSE OF ACTION

(CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. USING 42 U.S.C. § 1983  
DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY.) VIOLATION OF FEDERAL LAW UNITED STATES CONSTITUTION  
"Eighth Amendment" PROTECTION AGAINST CRUEL AND UNUSUAL PUNISHMENT AND  
LACK OF ADEQUATE MEDICAL CARE

## V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <b>PERSONAL INJURY</b> <input checked="" type="checkbox"/> 362 Personal Injury—Med Malpractice <input type="checkbox"/> 365 Personal Injury—Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395f) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes <input checked="" type="checkbox"/> 850 Other Statutory Actions
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights		

## VI. ORIGIN

(PLACE AN X IN ONE BOX ONLY)

☒ 1 Original Proceeding

☐ 2 Removed from State Court

☐ 3 Remanded from Appellate Court

☐ 4 Reinstated or Reopened

Transferred from  
☐ 5 another district (specify)

☐ 6 Multidistrict Litigation

Appeal to District  
☐ 7 Judge from Magistrate Judgment

## VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION  
☐ UNDER F.R.C.P. 23

DEMAND \$800,000.00 Check YES only if demanded in complaint:  
JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) (See instructions):  
IF ANY

JUDGE

DOCKET NUMBER

DATE

6-29-08

SIGNATURE OF ATTORNEY OF RECORD

IN PRO PER

08-4618



**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
WESTERN DIVISION**  
312 North Spring Street, Room G-8  
Los Angeles, CA 90012  
Tel: (213) 894-3535

**SOUTHERN DIVISION**  
411 West Fourth Street, Suite 1053  
Santa Ana, CA 92701-4516  
(714) 338-4750

**EASTERN DIVISION**  
3470 Twelfth Street, Room 134  
Riverside, CA 92501  
(951) 328-4450

**SHERRI R. CARTER**  
District Court Executive and  
Clerk of Court

**To:** Clerk, United States District Court  
\_\_\_\_\_ District of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Re:** Transfer of our Civil Case No. \_\_\_\_\_  
Case Title: \_\_\_\_\_

Dear Sir/Madam:

**An order having been made transferring the above-numbered case to your district, we are transmitting herewith our file:**

- ☐ Original case file documents are enclosed in paper format.  
☐ Electronic Documents are accessible through Pacer.  
☐ Other: \_\_\_\_\_  
\_\_\_\_\_

Very truly yours,

Clerk, U.S. District Court

Date: \_\_\_\_\_

By \_\_\_\_\_  
Deputy Clerk

cc: All counsel of record

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**TO BE COMPLETED BY RECEIVING DISTRICT**

**Please acknowledge receipt via e-mail to appropriate address listed below and provide the case number assigned in your district:**

- ☐ [CivilIntakecourtdocs-LA@cacd.uscourts.gov](mailto:CivilIntakecourtdocs-LA@cacd.uscourts.gov) (Los Angeles Office)  
☐ [CivilIntakecourtdocs-RS@cacd.uscourts.gov](mailto:CivilIntakecourtdocs-RS@cacd.uscourts.gov) (Riverside Office)  
☐ [CivilIntakecourtdocs-SA@cacd.uscourts.gov](mailto:CivilIntakecourtdocs-SA@cacd.uscourts.gov) (Santa Ana Office)

Case Number: \_\_\_\_\_

Clerk, U.S. District Court

Date: \_\_\_\_\_

By \_\_\_\_\_  
Deputy Clerk